



Human Services Committee, March 10, 2022

Testimony submitted by Alison Weir, Policy Advocate and Attorney

Greater Hartford Legal Aid

SB 284: Support; SB 287: Support; HB 5342: Support

Good afternoon Senator Moore and Representative Abercrombie, and members of the Human Services Committee. My name is Alison Weir and I am a Policy Advocate and Attorney with Greater Hartford Legal Aid. I am here on behalf of the legal services programs of Connecticut to support a number of bills before you today.

We support [S.B. No. 284](#), **AN ACT INCREASING THE AGE FROM EIGHT TO EIGHTEEN YEARS FOR AN INCOME-ELIGIBLE PERSON TO OBTAIN MEDICAL ASSISTANCE REGARDLESS OF IMMIGRATION STATUS.**

The current legislation which provides medical assistance to immigrants only if they are eight years old or younger imposes an arbitrary cutoff that appears to have been based only on fiscal expediency. The cutoff at age 8 has no basis other than fiscal; there is no developmental milestone at age 8 that makes such children distinct from children who are 9 years old.

Of the eight states and the District of Columbia that currently or will sometime this year cover children regardless of immigration status, only Connecticut limits coverage to those children under the age of 9 years oldⁱ; the rest cover children at least through age 18 if not longer. (Note, this is distinct from the fifteen other states that cover pregnant people regardless of immigration status).ⁱⁱ In California, all children under 19 in low-income families have been able to enroll in the state medical assistance program since 2016. As of 2020, low income young adults under the age 26 can also enrollⁱⁱⁱ. If, as a state we are going to provide medical assistance to children regardless of immigration status, we should provide medical coverage to all people who are considered children rather than apply an arbitrary age at which we will not provide coverage.

We should also commit to providing the necessary funding. The legislation limits funding to those “within available appropriations.” Governments signal their priorities by the policies they fund. If we are going to commit to providing medical coverage to children, regardless of immigration status, we should fund it appropriately.

We also ask the committee to consider extending medical assistance to those permanent residents who, despite having all their required immigration documentation and approved as legal permanent

residents, are barred from Medicaid by the five-year residency requirement. Currently, nine states provide coverage to such “qualified immigrants,” including our neighbors Massachusetts and New York.^{iv}

We support of [S.B. No. 287](#) **AN ACT CONCERNING MEDICAID**, in that we support all thoughtful efforts to expand medical coverage for those who cannot afford it. We urge the committee to include a study of how to increase the effectiveness and reach of HUSKY C in providing coverage for low-income elderly and disabled individuals. Eligibility for HUSKY C, unlikely that for HUSKY A, B, and D, is not based on the federal poverty level but is instead based on the outmoded standard of need for the Temporary Family Assistance program, which is infrequently adjusted for inflation. As a result, it has not kept up with the federal poverty level, so fewer and fewer people in poverty meet the income eligibility level.

Connecticut’s HUSKY C income limit is among the lowest eligibility levels for Title XIX Medicaid coverage in the country. Our current income eligibility is tied to the Temporary Family Assistance Standard of Need (SON), a measure that has been only occasionally increased and has fallen far short in keeping up with inflation or even the cost of living increases to social security and SSI benefits. The Medically Needy Income Limit for Title XIX in Connecticut is calculated as 143% of the TFA payment standard, or 104% of the SON. In Hartford, this is less than 50% of the Federal Poverty Level (FPL.) Because the Standard of Need is not tied to the FPL and because it is infrequently adjusted for the cost of living, it does not keep pace with inflation. As a result the eligibility level has deteriorated in real value to the point that fewer and fewer people in poverty are eligible for either TFA or HUSKY C. Currently, Connecticut’s income eligibility level for HUSKY C (Title XIX Medicaid, for the Aged, Blind, and Disabled,) is the lowest level in the entire country, ^v Like the TFA payment standard, the income eligibility for HUSKY C varies by Region, as much as 18% depending on where you live in the state. We live in a small state—there is no need or rational justification for such wide variation in eligibility levels.

We would urge the committee to increase the eligibility standard to that of HUSKY D, 138% of the Federal Poverty Level, or at least base income eligibility level on the federal poverty level so that it would increase with inflation each year. The committee could also take this opportunity to change the Temporary Family Assistance (TFA) program’s eligibility from the outmoded Standard of Need (SON) to one based on the federal poverty level.

The HUSKY C asset limit is also remarkably low, and leaves HUSKY C beneficiaries, who are among the most medically needy, without the ability to put aside any money they might have for emergencies. The current asset limit is \$1600 for a single person, \$2400 for a couple. This is insufficient to save for the costs associated with moving to a new apartment, pay for an emergency car bill, or deal with a household emergency like a furnace or roof repair. Indeed, the asset limit is so low, it often leaves our clients who are paying for home care services out-of-pocket while waiting to qualify for HUSKY C in the precarious position of having too many assets to be approved for HUSKY C but not enough to pay for the home health aide for that month. We ask the committee to consider raising the asset limit to at least \$5000 from the current limit of \$1600 for singles and to \$7500 from the current limit of \$2400 for a couple. This would allow an orderly transition to HUSKY C of people who can no longer afford the care they need without requiring they spend all their assets to the point that they must go without care before they can receive HUSKY coverage.

We also support of [**H.B. No. 5342**](#) **AN ACT CONCERNING MEMBERSHIP OF THE LOW-INCOME ENERGY ADVISORY BOARD**. Currently, the Low-Income Energy Advisory Board has had limited representation of consumer advocates. Legal Services programs have worked with PURA in working to improve information about and accessibility of the energy assistance programs for our low-income clients, but our effectiveness has been limited. By including legal services such as the Center for Children’s Advocacy (CCA) and those agencies actually responsible for signing people up for these programs, the board will have the benefit of their experience in developing policies to make these programs more usable and effective for low-income residents of Connecticut.

Thank you for your consideration and the opportunity to comment today.

ⁱ National Immigration Law Center, “Medical Assistance Programs for Immigrants in Various States: Table 3”, July 2021, available at <https://www.nilc.org/wp-content/uploads/2015/11/med-services-for-imms-in-states.pdf>

ⁱⁱ National Immigration Law Center, “Medical Assistance Programs for Immigrants in Various States: Table 3”, July 2021, available at <https://www.nilc.org/wp-content/uploads/2015/11/med-services-for-imms-in-states.pdf>

ⁱⁱⁱ The Children’s Partnership, “Health4All Kids” website, available at <https://health4allkids.org/>

^{iv} National Immigration Law Center, “Medical Assistance Programs for Immigrants in Various States: Table 3”, July 2021, available at <https://www.nilc.org/wp-content/uploads/2015/11/med-services-for-imms-in-states.pdf>

^v Kaiser Family Foundation, “State Health Facts: Medicaid Eligibility through the Aged, Blind, and Disabled Pathway: 2018” available at <https://www.kff.org/medicaid/state-indicator/medicaid-eligibility-through-the-aged-blind-disabled-pathway/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>